DISCLAIMER

The following is a preliminary report of actions taken by the House of Delegates at its 2021 Annual Meeting and should not be considered final. Only the Official Proceedings of the House of Delegates reflect official policy of the Society.

Extractions to the following consent calendar must be submitted to hod@msv.org by midnight October 19th, 2021, for consideration. No extractions will be permitted the day of Annual Meeting, and late extractions will not be accepted.

MEDICAL SOCIETY OF VIRGINIA HOUSE OF DELEGATES
Report of Reference Committee 1

Dr. Arturo Saavedra, Chair

Present Members: Dr. Arturo Saavedra, Dr. Hazle Konerding, Dr. Sidney Jones, Dr. Bhushan Pandya, Dr. Larry Mitchell, Dr. Andrea Giacometti, Dr. Abraham Hardee, Matthew Van De Graff

The Reference Committee recommends the following consent calendar for acceptance:

RECOMMENDED FOR ADOPTION
21-101 2021 Budget
21-102 2020 MSV Policy Compendium 10-Year Review

RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED
21-104 Physician Representation: Cannabis Public Health Advisory Council
21-105 Opposing the Sale of Marijuana and THC-Infused Products to Individuals Under Age 21
21-106 Increasing HPV Vaccine Initiation and Accessibility Across the State of Virginia
21-107 HIV Post-Exposure Prophylaxis – Recommendation 1
21-108 Resolution on the Covid-19 Patient Protection Act for Mandatory Vaccinations for Healthcare Workers

RECOMMENDED FOR AMENDMENT TO CURRENT POLICY IN LIEU OF
21-103 Pharmacy Responsibility to Providers and Patients

RECOMMENDED FOR REFERRAL TO BOARD OF DIRECTORS FOR DECISION AS AMENDED
21-107 HIV Post-Exposure Prophylaxis – Recommendation 2

RECOMMENDED FOR NOT ADOPTION
21-109 Resolution for Continuation of Telehealth, Including Audio Only

RECOMMENDED FOR RE-AFFIRMATION
MSV Policy 10.9.16- Reimbursement of Telemedicine and Disclosure of Ownership Interests in Telemedicine Companies
1) 21-101 2022 BUDGET

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-101 be Adopted.

This resolution presents the 2022 budget for the Medical Society of Virginia as approved by the MSV Finance Committee, the MSV Executive Committee, and the MSV Board of Directors. The budget considerations were presented by Larry Mitchell, MD, and CFO Melvin Hodges.

Your Reference Committee heard unanimous discussion in support of Resolution 21-101.

Accordingly, your Reference Committee recommends the budget be adopted.

2) 21-102 2021 MSV POLICY COMPENDIUM 10-YEAR REVIEW

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-102 be Adopted.

RESOLVED, that the Medical Society of Virginia adopt the recommendations in the enclosed report.

This resolution asks that our Medical Society of Virginia adopt the actions recommended by the Speakers regarding policies adopted ten years ago.

Your Reference Committee reviewed supportive written testimony from the MSV Medical Student Section.

Accordingly, your Reference Committee recommends Resolution 21-102 be adopted.

3) 21-103 Pharmacy Responsibility to Providers and Patients

Mr. Speaker, your Reference Committee recommends that Policy 35.4.02 be Amended in Lieu of Resolution 21-103.

RESOLVED, that the Medical Society of Virginia amend Policy 35.4.02 to the following:

35.4.02- Guidelines for Prescriptions

The Medical Society of Virginia adopts the following guidelines:

- All prescriptions must be initiated by the prescribing physician, or appropriately licensed prescribers.

- Authority to dispense may be provided by his signature on the prescription or by direct personal communication by the prescribing physician or an assistant under the physician's direct and immediate supervision to the pharmacist.

- When a prescription has been filled or refilled the maximum number of times as initially designated, it is an expired prescription. Authorization to refill an expired prescription must be obtained by the pharmacist by direct personal communication with the prescribing physician or an assistant under the physician's direct and immediate supervision, or by a new prescription.

- When a pharmacist has concern in his own mind about the timeliness of a prescription refill, patient's need, or and all other factors that question demonstrate the appropriateness of the prescription physician contact, he should contact the prescribing physician and review the
Your Reference Committee heard written supportive testimony outlining the sensibility of pharmacist contact with the physician when considering not fulfilling prescriptions and removing administrative onus from the patient. Some written testimony proposed converting the second “Resolved” clause to its own “Whereas” clause. Specifically, one commenter wrote, “The problem lies in that the Board of Medicine has no authority over pharmacists and said referrals will result in an investigation of the prescriber, not the pharmacist.”

Your Reference Committee discussed the proposed amendment submitted on the public comment forum, which would add a third resolved clause. Your Reference Committee inquired if the intent was to monitor pharmacists working within their scope of practice and would recommend supervision by the Board of Pharmacy or the Department of Health Professions. Counsel confirmed this would be an appropriate correction in the proposed language.

Accordingly, your Reference Committee recommends that Policy 35.4.02 be amended in lieu of Resolution 21-103.

4) 21-104 Physician Representation: Cannabis Public Health Advisory Council

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-104 be Adopted as Amended.

RESOLVED, The Medical Society of Virginia supports representative to the Advisory Council will first and foremost advocate protecting the health of vulnerable citizens all persons when considering regulation of medical and recreational use of cannabis in Virginia, such as children, pregnant women, and breastfeeding babies. The Medical Society of Virginia believes regulatory consideration concerning cannabis. The Advisory Council recommendations to the Authority should be Evidence Based and include public health data, regarding emergency department visits and hospitalizations, impaired driving, workplace impairment and worker-related injury and safety, short- and long-term health effects of cannabis, prevalence of psychiatric and addictive disorders, including cannabis use disorder.

Your Reference Committee heard written critical testimony of the resolution, specifically inquiring if a resolution was necessary to ensure that a representative from the MSV advocate on behalf of their patients. Another piece of critical feedback suggested that language following the first sentence of the resolved clause could be interpreted as expository.
Your Reference Committee discussed what effect this policy would have on policing birthing persons and recommended removing language that specifies individual patient populations. Your Reference Committee recommended striking language around children, pregnant women, and breastfeeding babies. Your Reference Committee discussed retaining language supporting evidence-based medicine. The Reference Committee explored the language in the staff recommendation and incorporated their stricken language into their amendment.

Accordingly, your Reference Committee recommends that Resolution 21-104 be Adopted as Amended.

5) 21-105 Opposing the Sale of Marijuana and THC-Infused Products to Individuals Under Age 21

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-105 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia opposes the sale of marijuana and THC delivery methods to individuals under the age of 21 and opposes the use of these products by individuals under the age of 21 in public places, including schools and school grounds, and be it further

RESOLVED, that MSV supports legislation or regulation to protect individuals under 21 from exposure to marijuana and all THC delivery methods including secondhand exposure.

Your Reference Committee heard written supportive testimony from the MSV Medical Student section, accompanied by citations from the American Academy of Pediatrics, the National Academies of Science, among others.

Your Reference Committee discussed simplifying and / or the language that would oppose the use and sale for those under the age of 21 and striking the language that expands on public places and schools. Your Reference Committee wished to still clarify it should still address the sale to and or use of marijuana and THC delivery methods. Counsel spoke to legislation in 2021 that would make this Reference Committees changes consistent with that legal change. Your Reference Committee also inquired if the second resolved clause was still relevant but ultimately wanted to ensure language is included to address second-hand transmission.

Your Reference Committee also discussed how reaffirming the existing policy, 40.20.10 - Secondhand Smoke, as written would only capture second-hand smoking for tobacco usage. Staff spoke to the broad language being consistent with application of existing policy achieving the intended effect desired by the Reference Committee. Counsel recommended for simplicity, amending the Resolution’s to create new policy with an additional recommendation to Amend the existing policy 40.20.10 in 2022.

Accordingly, your Reference Committee recommends that Resolution 21-105 be Adopted as Amended.

6) 21-106 Increasing HPV Vaccine Initiation and Accessibility Across the State of Virginia

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-106 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia support research efforts that aim to identify and reduce barriers to HPV vaccination in Virginia, and be it further

RESOLVED, that the Medical Society of Virginia support the efforts of the Virginia Department of Health to increase the vaccination rate affordability of the HPV vaccine for uninsured children and adults.
Your Reference Committee heard written supportive testimony from the MSV Medical Student Section regarding the current realities of HPV vaccination rates in the Commonwealth of Virginia and why MSV support of increasing vaccination initiation and accessibility is important.

Your Reference Committee discussed cost and coverage of the HPV vaccine by insurance carriers and whether affordability was a research-identified obstacle to vaccination. The Committee discussed striking the language regarding affordability and focus more broadly on the purpose to increase HPV vaccination rates. This language change would incorporate affordability as one of many broader barriers to vaccinations.

Your Reference Committee also discussed a language change for a more succinct language of the policy by removing a named stakeholder and duplicative language, as well as not limiting the scope to the uninsured.

Accordingly, your Reference Committee recommends that Resolution 21-106 be Adopted as Amended.

7) 21-107 HIV Post-Exposure Prophylaxis

THE REFERENCE COMMITTEE RECOMMENDS DIVISION OF THE QUESTION INTO TWO RECOMMENDATIONS.

RECOMMENDATION 1: THE FIRST RESOLVED CLAUSE IS ADOPTED AS AMENDED.

RECOMMENDATION 2: THE SECOND RESOLVED CLAUSE IS REFERRED TO THE BOARD FOR DECISION AS AMENDED.

RECOMMENDATION 1:

Mr. Speaker, your Reference Committee recommends that Resolution 21-107 be Adopted as Amended.

RESOLVED, that the Medical Society of Virginia acknowledges the need for and supports increased access to, and coverage for, physician-initiated Post-Exposure Prophylaxis (PEP) for HIV, as well as enhanced public education on its effective use, and be it further,

RESOLVED, that the Medical Society of Virginia acknowledges the need for a more streamlined process of obtaining nPEP including encouraging local emergency departments, especially those in rural areas, to regularly stock nPEP starter packs for those presenting to the emergency department with a substantial exposure risk and exploring options to allow pharmacies to immediately dispense nPEP starter packs under the oversight of a licensed physician, nurse practitioner or physician assistant.

Your Reference Committee heard written critical testimony expressing concerns around potential scope of practice issues that may present themselves because of this resolution. Furthermore, concerns were expressed that the resolution itself may be in violation of Virginia’s CVS law outlining that hospital pharmacies may not act as outpatient pharmacies.

Your reference Committee also heard extensive written testimony from the MSV Medical Student section. In direct response to the critical testimony offer, the author proposed an amendment to their own resolution to add the words “physician-initiated” in the first resolved clause before the words “PEP for HIV.” Said amendment also proposed striking all language in the second Resolved clause following the words “exposure risk.”

Your Reference Committee discussed the potential for opposition from emergency room staff and administration who are already burdened by the effects of the COVID-19 pandemic and accordingly recommended a language change to the listed stakeholders. Additionally, a clerical language change was incorporated elaborating on the full name of the treatment in the first Resolved.
Accordingly, your Reference Committee recommends this Resolution 21-107 be Adopted as Amended.

RECOMMENDATION 2:

Mr. Speaker, your Reference Committee recommends that the following for **Referral to the MSV Board of Directors for Decision as Amended.**

**RESOLVED, that the Medical Society of Virginia acknowledges the need for a more streamlined process of obtaining nPEP and should consider dedication of staff resources toward determining potential solutions, including encouraging local emergency departments, especially those in rural areas, to regularly stock nPEP starter packs for those presenting to the emergency department with a substantial exposure risk and exploring options to allow pharmacies to immediately dispense nPEP starter packs under the oversight of a licensed physician, nurse practitioner or physician assistant.**

Your Reference Committee inquired if this would require legislation to implement. Counsel and staff confirmed it would require legislation to correct the process for more convenience in obtaining nPEP. This led the Reference Committee to decide recommending an amended version of the second Resolved clause to the Board of Directors rather than the MSV House of Delegates in 2021 with the expectation that the Board consider if further policy or action is needed. The Reference Committee believes even with a simplistic aim and broadened language through their amendment, further discussion should occur with MSV leadership to ensure policy reflects the capabilities and lobbying strategy of the association to introduce or work on such legislation.

Rather than sending an amended version of the Resolution to the Board, the Reference Committee discussed sending the second Resolved Clause to the Board to discuss a fiscal impact and policy strategy and sending the first Resolved as Amended to the House of Delegates. Staff recommended an additional grammatical language change for consistency and correctness.

Accordingly, your Reference Committee recommends the second Resolved clause of Resolution 21-207 for referral to the MSV Board of Directors as Amended for Decision to consider dedication of staff resources.

8) 21-108 Resolution on the Covid-19 Patient Protection Act for Mandatory Vaccinations for Healthcare Workers

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Resolution 21-108 be Adopted as Amended.

**RESOLVED, that the Medical Society of Virginia endorses mandatory Covid-19 vaccination(s) for all healthcare workers in accordance with state and federal laws, in physician offices, outpatient facilities, hospitals, and long-term care facilities. This should be accomplished swiftly to prevent any further danger to patients entrusted with our care.**

Your Reference Committee heard written supportive testimony from the MSV Medical Student Section, among others, noting that, "In the context of a global pandemic where over 690,000 Americans have died from a disease in which mortality is 91% preventable by vaccination, ethical consideration must be weighed against practitioner autonomy. The World Health Organization has ranked vaccine hesitancy as one of the top ten threats to public health in 2019."

Additionally, your Reference Committee heard supporting testimony that suggested a friendly amendment to remove all language from the resolution following the words "healthcare workers" to provide more clarity and issue a blanket statement of support.
Your Reference Committee heard opposing testimony specifically noting, among other points, that
"Healthcare workers or any other patient has a right to informed consent before having the procedure.
That means a discussion or risks and benefits of vaccination, in language they understand and
acknowledge understanding. They have the right to autonomy, that is the right to refuse treatment."

Your Reference Committee discussed preventing healthcare workers from harming patients from
communicable diseases should outweigh staffing shortage or loss as an effect of mandatory vaccinations
in keeping with the Hippocratic oath. Your Reference Committee also discussed striking the second
sentence in the first Resolved clause to decrease operational burden and editorializing the role hospital
administrations play in implementing such policies.

Your Reference Committee also discussed how broadly this Resolution would reach, specifically if it
would apply to boosters, and if there is data indicating the rate of infection caused by unvaccinated
healthcare workers. There was discussion regarding the need for such policy to assert the association’s
role in protecting and promoting the science of medicine over political polarization. Your Reference
Committee also discussed data to support that healthcare workers who are terminated for failure to
vaccinate often do so and then rejoin the workforce.

Your Reference Committee also discussed how this Resolution is consistent with the MSV’s statement of
support with VHHA for this measure already, therefore mitigating any potential criticism for this policy in
our compendium.

Counsel suggested including a language change to incorporating the plurality of some vaccines to include
boosters, as well as language to reflect adherence to state and federal law.

Accordingly, your Reference Committee recommends this Resolution 21-108 be Adopted as Amended.

9) 21-109 Resolution for Continuation of Telehealth, Including Audio Only

RECOMMENDATION:

Mr. Speaker, your Reference Committee recommends that Policy 10.9.16 be Reaffirmed in Lieu of
Adoption of Resolution 21-109.

RESOLVED, that the Medical Society of Virginia supports the entire continuation of telehealth, including
audio only communications, as an effective and efficient method for the delivery of care to existing
patients; and be it further

RESOLVED, that the Medical Society of Virginia supports appropriate reimbursement from insurers for
audio only telehealth.

No written testimony was received for this resolution.

Your Reference Committee discussed a language change to include audio-only so the second Resolved
clause can be interpreted more broadly. Your Reference Committee decided instead that reaffirmation of
existing policy is more comprehensive than a Resolved clause to focus on audio-only.

Accordingly, your Reference Committee recommends that Policy 10.9.16 be Reaffirmed in Lieu of
Adoption of Resolution 21-109.

Mr. Speaker, Your Reference Committee Chair has certified this Report by virtual signature as follows:
I, Dr. Art Saavedra, as Chair of Reference Committee #1, offer my digital signature via email to confirm
that I have verified the attached draft of this report for accuracy of our committee's discussion and
proceedings. October 9th, 2021.